

PLACE OF BIRTH

1. County of Kila
 District of Keokuk
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156a
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Harris
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No. in order of birth _____
 6. Legitimate? yes
 7. Date of birth 8 11 1925
 Month Day Year

8. FATHER
 Full name Wilbur Harris
 9. Residence (Usual place of abode) Keokuk
 If non-resident, give place and state. Indy
 10. Color or race 4/4 Indian
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Indy
 13. Occupation Common Laborer
 Nature of industry _____

14. MOTHER
 Full maiden name Edua Campbell
 15. Residence (Usual place of abode) Keokuk
 If non-resident, give place and state. Indy
 16. Color or race 4/4 Indian
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Rice
 (State or country) Indy
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead 0
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? no

Report
 I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature C. H. Sawyer M.D.
 Address San Carlos Ind
 (Physician or midwife)

Given name added from _____ Filed _____, 19____
 a supplemental report _____
 Month, day, year _____ Local Registrar.

Registrar _____ Filed _____, 19____
 County Registrar.

882-811-533

"K112" If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.